

Arguments

It is noted that Applicant's specification discusses books generally in the context of both print and electronic publication. *See* Pg. 2, Lns. 10-15. The specification further articulates that the various embodiments of the invention allow the user to collect, customize, and export medical data which specifically results in the creation of medical reference books and PDA-books. Pg. 11, Lns. 25-26; Pg. 12, Lns. 1-2. Figures 20 and 21 of the application show, respectively, the hardcopy and electronic print results of various embodiments of the invention which represent end products from the user as a result of system use. *See also* Pg. 34, Lns. 5-22. In more general terms, the invention allows a user to input medical data into an authoring tool and then transfer the data to a content database. *See, e.g.*, Pg. 35, Lns. 23-25. The data, as compiled, selectively accessed from, and/or distributed from the content database, which is accessible either directly or remotely through an online suite of products, results in an electronic publication or book, which can also be printed in hardcopy form. *See id.*; Pg. 36, Lns. 1-20. The Applicant submits that the specification, through the above-mentioned references, sufficiently enables one skilled in the art to generate a medical reference book on the desired topic.

It is believed that the rejections based on 35 U.S.C. 112, first paragraph, have all been addressed. Claims 1-7, 9, 10 and 12 were rejected under 35 U.S.C. § 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which Applicant regards as the invention. The term "medical reference information" in Claim 1 was considered to be indefinite. Specifically, the examiner emphasized that the metes and bounds of

medical reference information, and whether they include all or part of the data entered and created by the tools, were not clear. The examiner further stated that Claims 2-10 comprised similar subject matter as Claim 1 and were therefore rejected on the same merits. The examiner did not indicate any reason for rejecting Claim 12 under 35 U.S.C. § 112. However, in the First Office Action, Claim 12 was rejected by the examiner upon the basis that it recited the limitation “electronic medical reference” which had insufficient antecedent basis.

It is noted that the term “medical reference information” as found in claims 1-10 is set forth in the specification as including information:

such as the names of established diagnoses, radiological images and/or medical illustrations, imaging findings, differential diagnoses, typical pathologies, common clinical issues, and a host of other helpful materials/content.

Page 2 of Specification; lns. 10-15. As is set forth in, e.g., claim 1, the medical reference information is entered into the system using the authoring tools claimed. However, this information is not created by the tools. The underlying information is preexisting.

It is further noted that Claim 12 was amended in the Applicant’s Response to Office Action Dated 22 August 2006.

It is believed that the rejections based on 35 U.S.C. 112, second paragraph, have all been addressed.

35 U.S.C. § 102 Rejections

Claims 1-15 were rejected under 35 U.S.C. 102(e) as being anticipated by Stefanescu et al (U.S. Publication No. 2003/0013951).

More specifically, the Examiner rejected claims 1, 6, and 9, upon the basis that Stefanescu discloses a method and system for creating a medical reference book on a desired topic, comprising the steps of (abstract):

entering medical reference information in an electronic authoring tool (figures 4-7), the electronic authoring tool including: (fig. 4, page 5, par. 50, lines 1-16)

a matter outline authoring tool (figures 4-7), whereby an author is able to create a linkage between a diagnosis, an anatomical region, and a pathology; (par. 53, lines 1-6 and par. 56, lines 5-80

a case authoring tool (figures 4-7), whereby the author is able to enter and edit images and text relating to a particular case; (par. 52, lines 6-12, par. 54, lines 13-23 and par. 56).

a diagnostic authoring tool (figures 4-7), whereby the author is able to create a comprehensive description of the diagnosis; (par. 55, lines 3-5)

transferring the medical reference information into a content database; (figs. 8 and 10, page 9, par. 83 and 84)

selecting a desired topic about which the electronic clinical reference material is to be created; (pages 9, par. 89)

navigating the content database for medical reference information pertaining to the desired topic; (page 10, par. 92 and 93) and

generating the medical reference book on a desired topic (page 10, par. 92 and 93);

The Examiner also rejected claim 2, upon the basis that Stefanescu discloses reviewing the medical reference information prior to transferring it to the content database (fig. 8, item 824 and par. 92).

The Examiner also rejected claims 3 and 4, upon the basis that Stefanescu discloses reference book is a printed and or electronic book (par. 93).

The Examiner also rejected claim 5, upon the basis that Stefanescu discloses a GUI (figs. 4-7 and par. 70).

The Examiner also rejected claim 7 upon the basis that Stefanescu discloses providing imaging protocols (page 11, par. 99).

The Examiner also rejected claim 8, upon the basis that Stefanescu discloses a continuing education system comprising performance and credits (figs 4 and 16, item 1634, also see *internet*).

The Examiner also rejected claim 10 upon the basis that Stefanescu discloses database is searchable online (fig. 1 and col. 25).

Finally, the Examiner rejected claims 11-15 upon the basis that they disclose limitations already addressed and rejected in the rejection above, in addition *see* fig. 2, items 200-206 of Stefanescu.

Arguments

Applicant respectfully requests that the Examiner reconsider its arguments relating to 35 U.S.C. 102(e) filed on March 22, 2007, which are herein incorporated, in addition to those set forth below.

The Applicant further submits that while an anticipatory reference need not duplicate word for word what is in the claims for anticipation to occur in this context, a claimed limitation must be inherent or otherwise implicit in the relevant reference. *E.g., Std. Havens Prods., Inc., Gencor Indus., Inc.*, 953 F.2d 1360, 1369 (Fed. Cir. 1991). As discussed in more detail below, the Applicant argues that many of the limitations which exist in the present application are neither expressly, nor implicitly present in Stefanescu.

The Applicant submits that the limitation of a medical reference book as found in claims 1-15 is not express, inherent, or implicit in Stefanescu. As discussed above, the aspect of creating a book is taught and disclosed by the Applicant's disclosure. While Stefanescu may teach generating medical files for clients, and teaches the provision of MR studies in digital form (*see* par. 93), there is no express or implicit teaching of the compilation of either an electronic or print medical reference book as is taught by Applicant's application.

The Applicant further submits that Stefanescu does not expressly or implicitly teach the authoring tools mentioned in the application. Claims 1, 6, and 9 expressly teach material limitations not found in Stefanescu. For example, Stefanescu only vaguely mentions the use of a matching button “for matching a current image, to other images and/or clinical data stored within the system.” Par. 56, lns. 5-8. Stefanescu does not teach, expressly or implicitly, the master outline authoring tool or its essential and material limitations of creating a linkage between a diagnosis, an anatomical region, and a pathology. Also, Stefanescu does not mention the use of any case authoring tool to enter images into the system. Rather, at most, Stefanescu only mentions the ability to display and edit images. *See* par. 52, lns. 6-12, par. 54, lns. 13-23.

Moreover, the step of transferring medical reference information into a content database is not taught, either expressly or implicitly, by Stefanescu. Rather, Stefanescu teaches the use of a source database to obtain derived data or the storage of derived data in the source database. *See* par. 83, 84.

Also, the step of selecting a desired topic about which the electronic clinical reference material is to be created is not taught, either expressly or implicitly, by Stefanescu. Rather, Stefanescu teaches searching databases according to data type, specifically, different image types (CT scans vs. MR scans). *See* pg. 9, par. 89.

As to claim 2, Stefanescu does not disclose reviewing the medical reference information, either expressly or implicitly, prior to transferring it to the content database. Rather, Stefanescu

shows an evaluation of the results of database matching, without reference to the transfer to any content database, *see* Fig. 8, and briefly discusses a review of the results workspace of Fig. 7.

See Par. 92.

Accordingly, Applicant submits that the Examiner's rejections under 35 U.S.C. 102(e) are improper and should be withdrawn.

Conclusion

It is believed that all issues raised by the Examiner have been addressed in the present response. In light of the foregoing, it is respectfully requested that the rejections of claims 1-15 be withdrawn and a Notice of Allowance be issued. If the Examiner wishes to discuss any of the issues raised in this response, Applicant him to contact the undersigned by telephone.

DATED this 3rd day of April, 2008.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Brent T. Winder". The signature is stylized with a large, looped initial "B" and a long, sweeping underline.

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